

OFFICE USE ONLY	<p>STATE OF NEVADA Department of Business and Industry</p> <p>OFFICE OF THE LABOR COMMISSIONER</p> <p>1818 College Pkwy. Ste.102 3300 W. Sahara Ave. Ste. 225 Carson City, Nevada 89706 Las Vegas, Nevada 89102 (775) 684-1890 (702) 486-2650</p> <p>EMPLOYMENT COMPLAINT</p> <p>(DO NOT USE THIS FORM TO CLAIM UNPAID WAGES OR COMMISSIONS)</p>	OFFICE USE ONLY
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<p style="text-align: center;">COMPLAINT INFORMATION</p> <p>Name _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First MI Last </div> </p> <p>Address _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Number Street Apt.# </div> </p> <p>_____ <div style="display: flex; justify-content: space-between; width: 100%;"> City State ZIP </div> </p> <p>Home phone (_____) _____</p> <p>Email Address _____</p> <p>Job title _____</p> <p>Department _____</p> <p>1. Does this Employer currently employ you? Yes No</p> <p>2. Did this Employer previously employ you? Yes No</p> <p>3. Do you agree to be present at any Pre-Hearing Conferences or Administrative or Judicial Hearings if necessary, to present testimony and other evidence related to your Complaint? Yes No</p> <p>4. Do you have or are you aware of any documentary evidence that will substantiate your complaint? Yes No If so, please provide copies. If you cannot provide copies, explain where the information is located.</p> <p>5. Do you know of any witnesses that could provide additional information? Yes No</p> <p>If so, please provide names and information that will enable us to contact your witnesses.</p> <p>6. Are you now or have you been involved in any lawsuits or other legal proceedings with this employer? Yes No</p> <p>If so, please explain on an attached sheet of paper.</p> <p>7. Do you have the financial ability to hire an attorney to assist you with your Complaint? Yes No</p>	<p style="text-align: center;">EMPLOYER INFORMATION</p> <p>Business Name _____</p> <p>Location _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Number Street </div> </p> <p>_____ <div style="display: flex; justify-content: space-between; width: 100%;"> City State ZIP </div> </p> <p>Mailing Address _____ (if different) Number Street or PO Box</p> <p>_____ <div style="display: flex; justify-content: space-between; width: 100%;"> City State ZIP </div> </p> <p>Business phone (_____) _____</p> <p>Email Address _____</p> <p>Owner/Manager/Supervisor Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Last </div> </p> <p>Type of Business _____</p> <p>Subject of Complaint _____</p> <p>Is the activity upon which your complaint is based: ____ Company policy ____ Department policy ____ Problem with a particular Supervisor/Co-Worker</p>
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STATEMENT OF COMPLAINT (Please provide a short description of the employment practice that is the reason for your complaint. Be complete as to what the policy is, how it is communicated to the employees, when the incident(s) took place or whether it is ongoing and so forth. Use additional pages if necessary.)

I CERTIFY THAT THE INFORMATION CONTAINED IN THE FOREGOING COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (SIGNATURE NOT NEEDED FOR ANONYMOUS OR FIELD COMPLAINTS)

Signed _____ Date _____

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COMPLAINT TAKEN BY: _____

___ VERIFIED COMPLAINT ___ ANONYMOUS COMPLAINT ___ TELEPHONE/FIELD COMPLAINT

INVESTIGATOR, IF ASSIGNED _____

ALLEGED VIOLATION(S): _____ STATUTE: NRS _____

_____ STATUTE: NRS _____

_____ STATUTE: NRS _____

_____ STATUTE: NRS _____

HAS THIS EMPLOYER BEEN CONTACTED CONCERNING THE SAME OR SIMILAR VIOLATIONS IN THE PAST? YES ___ NO ___ UNKNOWN ___

DISPOSITION _____